

Cosmetic Dermatology Patient Satisfaction Survey

Full Name

Email Address

Date of Visit

Provider Name

How satisfied were you with the following?

Professionalism of staff

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Explanation of procedures & treatments

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Cleanliness of facility

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Waiting time

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Overall satisfaction

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

What can we do to improve your experience?

Additional comments or feedback